



The Beacon

BY AND FOR EMERGENCY RESPONDERS

PUBLIC INFORMATION/AFFAIRS EFFORTS IN SUPPORT OF EMERGENCY RESPONSE OPERATIONS

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Having visited a number of cities around the US and participating in Chemical and Biological table top exercises under the Domestic Preparedness Program when it was conducted by the Department of Defense, I noticed a tendency among cities to focus solely on the technical aspects of dealing with chemical and biological attacks. Most first responders want to focus on treating the victims, decontamination, identification of the agent, crime scene activities, finding and arresting perpetrators, reestablishing order, and the logistical aspects of tracking hospital beds, clothing, and medical resupply. In their efforts to do so, they often treat the monitoring of media activities as an unwanted additional duty for the "political types". Media operations are frequently delegated as an additional duty for a senior level leader/administrator in the hospital, as well as fire and police departments, or the mayor's office. There is a tendency among police, fire and EMS workers to view the press as the enemy. Like many members of the military, they prefer to think of themselves as quiet professionals who view members of the press with extreme distrust. Unfortunately, they often think of their public information officers (PIO) as members of the press. In this article, I would like to offer the fundamental paradigm shift for many: PIOs are emergency responders.

In the exercises of Domestic Preparedness Program, a typical biological or chemical incident scenario usually results in a large number of deaths and injuries. As news and rumors spread and hit the

airwaves, public panic often takes hold. Emergency phone lines (911) are overwhelmed. People who were nowhere near the scene of the incident and have had no exposure, and who are not in danger, overcrowd and overwhelm emergency rooms. Meanwhile, actual victims of the attack have their 911 calls answered by busy signals, must wait to be screened with other healthy victims before treatment, and spend long hours in movement to treatment facilities as panicked citizens block evacuation routes by trying to reach loved ones at the scene of the incident. People who are injured in unrelated car accidents or suffering from heart attacks must wait as emergency medical personnel answer calls for psychosomatic or "worried well" illnesses. People who are otherwise healthy and not at risk, crowd emergency hospital emergency rooms where they can be exposed to contamination or infection from victims waiting for care. Others may panic and flee the city to avoid the effects of the attack, leading to increased traffic jams, and accidents. In the midst of such a scenario, the public officials and first responders start thinking about what to tell the press and how to get them to assist in quelling public panic and spreading public safety information that can literally save lives.

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As members of the emergency response community start developing their public information strategy they must take into account the view members of the press tend to have of themselves and their own profession: they see themselves as the guardians of the public's right to know. Their calling in life is to report the news and keep the public informed. They provide the balance to the government, helping to ensure that the rights of the people by exposing government corruption and incompetence. If the government tries to shut out the press and refuses to share information, then the members of the press become suspicious that the government must be trying to hide something. Once government officials refuse to talk to the press, they automatically become suspect of being corrupt or incompetent. It is then the mission of the media to find out and broadcast or print whatever they can learn.

Love them or hate them, the press is an entity that must be dealt with. Controlling the information they put out during a disaster can be equated to trying to fight a grass fire with gasoline. If you try to douse or suppress it, it will explode and consume you. If you ignore it, it will burn in a direction of its own choosing. The only way to fight a fire with gasoline is to try and get the fire to move in a productive direction. Then you can develop some fire breaks and pre-burn patches to control the spread of the fire.

If a community attempts to suppress or control the press, it will back fire. Rather than focus on the incident created by the terrorist, they will focus on the government "cover up" and make it their mission to expose incompetence and corruption. If the emergency responders try to ignore the press, the press will put many self proclaimed "experts" on the television, combined with selected sound bites and pictures of victims and first responders who have become casualties or have been overwhelmed by the situation. Rumors will spread the fire of conjecture and misinformation out of control, and mass public panic can ensue. Emergency 911 lines will be flooded, psychosomatic patients will report to hospital emergency rooms, preventing real casualties from being treated. Those same quiet professionals who were quietly doing their jobs and saving lives will also be blamed for not knowing enough, not keeping the public informed, and for not doing anything.

When fighting a fire with gasoline, it is always possible for the fire to jump the designed fire breaks and you may still get burned a bit in the process, but you can save a part of the field from being

consumed. If your breaks can buy you enough time, you may just get some rain to douse the fire. As one pours gasoline on a fire, it is important to wear safety gloves. For those public officials who have gotten their fingers burned dealing with the press in the past, it is important to recognize and learn how to use the asbestos gloves you have available to you: your PIOs.

So how does a city go about building these information fire breaks? The key is to have a workable and rehearsed public information plan executed as an integral part of disaster response operations. The key to accomplishing this is a public information team.

Most PIOs already have a working knowledge of the press and how to get information to the media. To be truly effective in disaster responses, the PIOs from the police, fire, emergency medical services, hospitals, and mayor's office must work together as a team. They must have established working relationships with the media built on trust and establish reputations for being "straight shooters". In addition, it is critical for them to be familiar with emergency response operations. They must understand the dynamics of public reactions and the requirements of hospitals and 911 lines to treat victims without being overloaded. The PIO understands that a city's emergency managers may wish to not release information on a potential incident to prevent public panic but will help the managers develop information packages that can be released immediately if the information becomes public. "Must have" information packages include: instructions for at home decontamination and isolation, downwind hazards and avoidance instructions, chemical agent specific first aid instructions, evacuation/stay at home instructions, telephone information hot line numbers (NOT 911), road closures, possible web site and radio broadcast stations, road hazards and hospital overload information. These packages can be developed for generic (until a specific agent is identified) as well as specific biological or chemical releases (after a specific agent is identified). These packages should be presented with the intent of enlisting public help and support. During an emergency response, the media team will also monitor radio and television broadcast in order to be ready to go public to correct bad information and so called "experts."

Another important aspect of media operations is media awareness training for first responders to help the city speak with one voice. Such awareness training can be as simple as teaching responders how to say

they do not wish to be interviewed with simple statements such as: "I don't wish to be interviewed, please contact our public information center". Emergency responders who are on the scene of an incident that occurs at an event where the press is already present can be greatly assisted by wallet-size media awareness cards. (Media training and awareness cards have been successfully used by the US Army for its soldiers during deployments to the Balkans.) A police officer or firefighter can use them as a guide to put out life saving information to thousands of people with ready quotes for surprise questions from the press: "stay at home, remain calm, don't rush to the emergency room, do not come to the scene to look for your loved ones, wait for them to call you; don't call 911, call our emergency information number 555-9000 and follow its instructions." The other side of that same awareness card can have general guidelines for personnel to use during any press encounter: tell the truth, stick to what you know, don't speculate, don't be afraid to say "I don't know," or "that is outside of my lane," or "that will be announced when a final decision has been made."

Although every community hopes that they will never have to employ their emergency response community for a WMD incident, it is only a matter of time before another US city will be forced to react in just such a matter. It is imperative that the emergency responders view their PIOs as a critical member of their response team.

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BIOLOGICAL WEAPONS IMPROVED RESPONSE PROGRAM MEDIA WORKSHOP ABSTRACT

By Michael B. DeZearn

The Biological Weapons (BW) Improved Response Program (IRP) effort began as part of the Domestic Preparedness (DP) program in FY97. This was a Department of Defense (DoD) initiative that aimed to identify and demonstrate the best practical approaches to improve BW domestic preparedness using a multi-agency team comprised of emergency responders, emergency managers, technical experts, and policy planners from Federal, State and Local agencies from around the country. The DP program lead was transferred from DoD to Department of

Justice (DOJ) on 1 October 2000. At that time DoD retained IRP focus for the military with DOJ's Office of Justice Programs focused on the civilian IRP. Both agencies will coordinate their efforts. Prior to the transition, the BW IRP initiated a project designed to identify and attempt to address the media impact on a biological incident. The BW IRP coordinated this effort with DOJ to ensure that they were apprised of the project development.

The BW IRP, the Centers for Disease Control and Prevention (CDC), Pinellas County Board of County Commissioners and the University of South Florida sponsored the Bioterrorism and the Media Workshop, held on November 29-December 1, 2000, in St. Petersburg, Florida. The workshop was designed to serve as a catalyst to initiate an on-going dialogue among federal, state, and local response officials and the media to address the media's involvement in bioterrorist incidents. The goal of the workshop was to help each community (media and government responders) to do its job more effectively during a biological incident by learning from one another. The workshop included representatives from local and national news media, national news outlets, media professional associations, and local and state public information officers. It also included federal representatives from the Centers for Disease Control and Prevention (CDC), the Department of Agriculture (USDA), the Department of Defense (DOD), the Department of Health and Human Services (DHHS), the Department of Justice (DOJ), the Federal Bureau of Investigation (FBI), and the Federal Emergency Management Agency (FEMA).

The principal findings of the workshop were:

- Many of the problems that arise between media and response officials result from a mutual distrust they have of one another.
- Media and response officials should receive training designed to teach them how to interact with one another.
- Response officials should identify credible experts to interact with the media.
- Developing personal ties and relationships with one another can strengthen the level of trust between media and response officials.
- Prior to an event, response officials should identify questions or issues that the media is likely to ask during a biological incident and prepare preliminary answers.

- Additional efforts, similar to the workshop, should be initiated to help build the relationship between media and response officials.

Copies of the workshop's presentations may be requested, in writing, from the BW IRP at the following address: CDR, SBCCOM, ATTN: AMSSB-REN-HD-DI (DeZearn), 5183 Blackhawk Road, Gunpowder Branch, MD 21010-5424.

CONPLAN REMINDER

The U.S. Concept of Operations Plan (CONPLAN) is available on the Internet at www.fema.gov/r-n-r/conplan/.

The CONPLAN is designed to provide overall guidance to federal, state, and local agencies concerning how the federal government would respond to a potential or actual terrorist threat or incident that occurs in the U.S., particularly an incident involving WMD. The CONPLAN outlines a coordinated response by federal agencies to a terrorist threat or act. It establishes conceptual guidelines for assessing and monitoring a developing threat, notifying appropriate federal, state, and local agencies of the nature of the threat, and deploying the requisite advisory and technical resources to assist the Lead Federal Agency in facilitating interdepartmental coordination of crisis and consequence management activities.

NEW NDPO PROGRAM - NURSELINK

NURSELINK, is a new program developed by the National Domestic Preparedness Office (NDPO) which is available through Law enforcement On Line (LEO) Common Communication Link (CCL). NURSELINK supports the overall mission of the NDPO which is to serve as a national clearing house of information and training for preparedness in the event of biological or chemical disaster resulting from an act of terrorism. Health and medical preparedness is one of the components of NDPO's programs. NURSELINK also serves the Nation's 2.7 million nurses by facilitating the sharing of information and resources on the subject of nursing/medical preparedness for biological-chemical disasters resulting from a terrorist act.

The specter of biological and chemical (Bio-Chem) terrorism prompts conversations regarding medical preparedness issues; these are the

conversations that every nurse wishes she or he never had to have. Throughout nursing's long history, American Nurses have been called to the forefront in times of war, in the aftermath of natural and man-made disasters, and most recently, during mass casualty responses resulting from an act of terrorism. Given the magnitude of the effort required to medically respond to an act of terrorism, it is imperative that the nursing profession have a direct link to current and accurate bio-chem medical preparedness information. The catastrophic bombings of The World Trade Center, the Federal Building in Oklahoma City, and the American embassies in Kenya and Tanzania as well as the intentional release of sarin on a subway car in Tokyo, Japan, serve as warnings that terrorists are willing to use weapons of mass destruction (WMD) when targeting U.S. persons and interests. Preparing for such events necessitates conversations regarding subjects such as bio-chem medical preparedness.

NURSELINK's working vision is to provide a comprehensive information sharing service linking local, state and federal nursing communities, practice specialties, research and development as well as non-clinical nursing roles, in business, industry, policy and legislation.

The framework of NURSELINK consists of three broad goals: 1) to network with every aspect of the nation's nursing community; 2) to form a national nurses specialty group for bio-chem issues; and, 3) to facilitate a national meeting (annually or every other year) of the bio-chem nursing entities, (the framework is posted on NURSELINK).

NURSELINK is intended to be an interactive media tool where individuals functioning at every level of nursing from students to Deans of colleges, and nurse legislators, and program managers can share their experiences, ideas, visions, and resources regarding terrorism related nursing issues. NURSELINK is specifically intended to provide a mechanism to link nursing professionals with law enforcement and the nation's first responder community. NURSELINK will provide a nationwide forum for the identification of problems and prompt discussions regarding their solutions.

Although NURSELINK is still being developed, the NDPO has received a response from the nursing community. The NDPO is seeking input regarding the design and content of NURSELINK in order to insure that the American nursing community

is prepared for and able to respond at all levels of care required in the event of a bio-chem mass casualty due to an act of terrorism.

NDPO invites the nursing community to share research, protocols, web sites, journals, and news of what the nursing community is doing to prepare for bio-chem attacks with the NDPO for inclusion in NURSELINK. Contact Ann Sarkes, RN, directly for LEO/CCL applications. LEO currently offers distance learning modules, links to partners databases, community directories, training and exercise schedules, equipment lists, planning guidance and grants/ funding information to its user base.

Contact Information: Ann Sarkes, RN, FBI Nurse, currently assigned to the NDPO, (202)324-9034; Email: asarkes@leo.gov or asarkes@hotmail.com , 935 Pennsylvania Ave NW, Washington, DC 20535

Ann Sarkes, RN, B.S.N., M.Ed, Nurse, is a graduate of Northeastern University College of Nursing, and University of Massachusetts, Boston. Her background is Neurological surgery and Cardiac surgery and transplantation; ambulatory care management for the National Naval Medical Center Bethesda, Md.; Staff Occupational Health Nurse at the Office of Attending Physician, U.S. Congress; and Chief Occupational Health Nurse, tactical and operational health for the FBI's Washington Field Office.

BIOLOGICAL WEAPONS IMPROVED RESPONSE PROGRAM PROJECT WORKSHOP ABSTRACTS

By Michael B. DeZearn

BWIRP/CDC SMALLPOX RESPONSE PLAN WORKSHOP

The Biological Weapons (BW) Improved Response Program (IRP) effort began as part of the Domestic Preparedness (DP) program in FY97. This was a Department of Defense (DoD) initiative that aimed to identify and demonstrate the best practical approaches to improve BW domestic preparedness using a multi-agency team comprising of emergency responders, emergency managers, technical experts, and policy planners from Federal, State and Local agencies from around the country. The DP program lead was transferred from DoD to Department of Justice (DOJ) on 1 October 2000. At that time DoD retained IRP focus for the military with DOJ's Office of Justice

Programs focused on the civilian IRP. Both agencies will coordinate their efforts. In April 2000, the DoD led IRP group concerned itself with the nation's response to a BW terrorist attack using a communicable disease.

In conjunction with the Centers for Disease Control and Prevention (CDC) and using the CDC's draft smallpox response plan as the vehicle to facilitate workshop discussion, the BWIRP analyzed response options for such an attack. The workshop participants agreed to a potential response strategy that could be implemented regardless of the size of the outbreak or the disease involved. In general the strategy, developed during the April 2000 workshop, involved contact tracing with vaccination of confirmed contacts of disease victims.

More details of the response strategy and other recommendations can be found at the SBCCOM Homeland Defense web site: <http://www2.sbccom.army.mil/hld/>.

LAW ENFORCEMENT/MEDICAL INFORMATION SHARING WORKSHOP

In January 2000, the DoD-led IRP group concerned itself with the interaction between law enforcement officials performing the criminal investigation of a BW attack and epidemiological investigators trying to determine the disease's source and progression through the population.

In an effort to determine areas of commonality and effect coordination and cooperation between these two communities, the US Army's Solider and Biological Chemical Command (SBCCOM) IRP teamed with the National Domestic Preparedness Office (NDPO) to sponsor a workshop to identify methods which can be used to establish information-sharing between the law enforcement community and the medical/public health community, at all levels of government, to ensure the timely exchange of critical information and to rapidly identify a terrorist incident involving biological agents. This workshop was held in January 2000.

The principal recommendations resulting from the workshop were:

1. Establish an Information Exchange Group,
2. Develop Close Personal Relationships,
3. Include an Epidemiologist in the Criminal Investigation,

4. Enhance the Biological Incident Awareness of the Emergency Response Community,
5. Pre-Establish Agreements handling, access, and disposition of Sensitive Information,
6. Pre-Establish Lab Test Agreements, and
7. Conduct Chain of Custody Training.

For more details concerning these recommendations, or to download the complete report, please go to the SBCCOM Homeland Defense web site: <http://www2.sbccom.army.mil/hld>

COMING UP IN NEXT MONTH'S *BEACON*

Mitigating the Terrorist Threat: The Community Leader's Role by Richard J. Matason

CCL EVENT CALENDAR ONLINE

The Law Enforcement Online (LEO) event calendar has been revised and expanded. Now any LEO user can post notices of meetings, conferences, etc. This new feature makes it easy to stay informed about what is happening in the emergency response community by making frequent visits to the calendar. The link for the national and state events can be found at the bottom of the main calendar page.

To find the calendar, go to the NDPO Private Menu on the CCL. The calendar button is located in the middle of the page. The NDPO urges all registered LEO users to post state, local, and national events online. If you have any questions, please e-mail us at ndpo@leo.gov.

BEACON ARTICLE GUIDELINES

The mission of The Beacon newsletter is to be a "marketplace of ideas" regarding WMD preparedness. In order to provide a complete product, the NDPO relies on article contributions from state and local emergency responders, as well as federal policy makers and program managers.

If you wish to contribute an article to The Beacon, please contact the editors at ndpo@leo.gov or 202-324-9025.

Article Guidelines

- ☐ Articles can range in length from one paragraph to four pages. Articles longer than four pages may be continued in subsequent issues.
- ☐ Articles should be typed in single-spaced lines in Microsoft Word or WordPerfect 6 or higher.
- ☐ All articles must include a byline and a short bio with contact information. Writers can expect feedback and/or follow-up questions from Beacon readers.
- ☐ Each article is subject to the interagency review process that is established for The Beacon.
- ☐ Articles should be submitted by the 15th of each month.

Unfortunately, the NDPO cannot pay for articles that are published in the newsletter.

***The Beacon* is published monthly for members of the emergency response community. Please send articles, comments, feedback, and letters to the Information Sharing Team at the address listed below.**

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Editor's note: Items published in The Beacon do not necessarily imply concurrence from the interagency community represented at the NDPO.

NDPO ONLINE RESOURCES FOR EMERGENCY RESPONDERS:

- ☐ Helpline – ndpo@leo.gov
- ☐ Law Enforcement Online Newsgroups
- ☐ Common Communication Link
- ☐ List Serve for monthly e-mailings

For more information about these resources, E-mail us at ndpo@leo.gov.